


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2008 8:00 am**  
**Secretary of State**

04-01-2008 90011 013 \*\*\*\*61.25

<b>DOCUMENT # N96000005337</b>	
1. Entity Name <b>CALA HILLS PROFESSIONAL PARK OWNERS' ASSOCIATION, INC.</b>	

Principal Place of Business <b>1700 SE 17TH STREET, #300 OCALA, FL 34471 1720 SE 16th Ave, #200</b>	Mailing Address <b>1700 SE 17TH STREET, #300 OCALA, FL 34471 1720 SE 16th Ave, #200</b>
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02082008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3424834</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>BOYD, ROY T III 1720 SE 16TH AVE OCALA, FL 34471</b>
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**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

## 10. OFFICERS AND DIRECTORS.

TITLE	D
NAME	BOYD, ROY T III
STREET ADDRESS	1720 SE 16TH AVE BLDG 200
CITY-ST-ZIP	OCALA, FL 34471
TITLE	D
NAME	BOYD, CHRIS
STREET ADDRESS	1720 SE 16TH AVE BLDG 200
CITY-ST-ZIP	OCALA, FL 34471
TITLE	D
NAME	OLIVER, SHARON L
STREET ADDRESS	1720 SE 16TH AVE BLDG 200
CITY-ST-ZIP	OCALA, FL 34471
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Roy Thad Boyd, III**

Date

Daytime Phone #

**2-18-08**

**352-861-2248**